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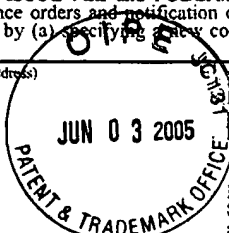
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7590

03/04/2005

Pillsbury Winthrop LLP
Intellectual Property Group
Suite 2800
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Los Angeles, CA 90017-5406



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(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/659,752	09/10/2003	Robert Glick	14628-305777	3478

TITLE OF INVENTION: COMPOSITIONS AND METHODS USING SUB-PPM COMBINATIONS OF POLYQUATERNIUM-1 AND HIGH MOLECULAR WEIGHT PHMB

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	06/06/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
MRUK, BRIAN P	1751	510-112000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
 1. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☒ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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1 Advanced Medical Optics, Inc.
 2 _____
 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. 06/06/2005 MBERHE1 00000078 502317 10659752

(A) NAME OF ASSIGNEE

ADVANCED MEDICAL OPTICS, INC.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Santa Ana,

01 FC:1501 1400.00 DA
 02 FC:1504 300.00 DA
 03 FC:8001 12.00 DA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee
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☐ A check in the amount of the fee(s) is enclosed.
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☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 502317 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Nicole Bradley
 Typed or printed name Nicole Bradley

Date

June 1, 2005

Registration No.

48,718

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